

# NOTIFICATION OF TEMPORARY CLOSURE

Name of Owner: _____ UST # _____ LUST # _____
Facility Name: _____
Facility Address: _____
City: _____ ZIP: _____ Phone (____) _____

## UNDERGROUND STORAGE TANKS TEMPORARILY CLOSED

	Tank 1	Tank 2	Tank 3	Tank 4	Tank 5
Installation Date					
Estimated Capacity					
Substance Stored (mark appropriate box)					
gasoline					
diesel					
oil					
kerosene					
other (specify)					
hazardous (specify)					

I, certify that the regulated underground storage tanks listed above and located at the site referenced above have been temporarily closed as of \_\_\_\_\_, by completing the following:  
(Date)

1. All product has been emptied from the tanks such that no more than 2.5 centimeters (one inch) of residue, or 0.3 percent by weight of the total capacity of the UST system remains in the tank.
2. All lines, pumps, accesses and ancillary equipment have been properly secured and capped.
3. Vent lines remain open and functioning.
4. Financial responsibility is maintained as required in 567--Chapter 136 (IAC). *Insurance carriers often cancel financial responsibility after one year of temporary closure. If insurance is cancelled, a site check must be conducted immediately to determine whether a release occurred from the UST system. If contamination is confirmed, the owner/operator must file a claim with the insurance carrier within six months after insurance is cancelled.*
5. Annual Tank management fees paid. *Tank management fees must be maintained even during temporary closure.*

Signed: \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(Owner/Operator of USTs)

Mail to: Iowa Department of Natural Resources  
Underground Storage Tank Section  
502 East 9<sup>th</sup> Street  
Des Moines, IA 50319-0034

January 2005